



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

March 25, 2010

Ms. Jean Fornwalt, Administrator  
Merry Meadow Farm, Inc-Bradford House  
996 Lower Plain  
Bradford, VT 05033

Dear Ms. Fornwalt:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **February 8, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
Licensing Chief



Division of Licensing and Protection

STATE FORM

6899

00D011

TITLE

(X6) DATE

3/22/10

If continuation sheet 1 of 4

Division of Licensing and Protection

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|--|--|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0254</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ <b>MAR 9 2010</b>     |  | (X3) DATE SURVEY COMPLETED<br><br><b>02/08/2010</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRY MEADOW FARM, INC-BRADFORD HOI</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>996 LOWER PLAIN<br/>BRADFORD, VT 05033</b> |  |   |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE                            |
| R179   | Continued From page 1  |   | R179   |  |   |
| R179<br>SS=F   | V. RESIDENT CARE AND HOME SERVICES   |   | R179   |  |   |
|  | <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and interview, the facility did not assure that staff received required annual in-service education. Findings include:</p> <ul style="list-style-type: none"> <li>1) Per record review with the facility manager on 2/8/2010 at 1:58 PM, none of 5 staff reviewed had received required annual training in Resident Rights, Fire Safety, Emergency Response / First Aid, Respectful and Effective Communication,</li> </ul> |   |  | <p><i>In-service training will now be conducted on the first Friday of every month covering all required training. On Feb 12, 2010, an inservice with all staff in attendance was held to review residents rights.</i></p> <p><i>2/9/10</i></p> <p><i>R179 3-25-2010</i></p> <p><i>POC accepted as written.</i></p> <p><i>C. Lanning, RN</i></p> |   |

Division of Licensing and Protection  
STATE FORM

*Jean Fornwalt, mgr.* 6899 00D011 *3/22/10*

If continuation sheet 2 of 4

Division of Licensing and Protection

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|--|---|---|--|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                               |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0254</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ <b>MAN</b> 9  |                    | (X3) DATE SURVEY COMPLETED<br><br><b>02/08/2010</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRY MEADOW FARM, INC-BRADFORD HOI</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>996 LOWER PLAIN<br/>BRADFORD, VT 05033</b>   |                    |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |   |
| R179   | Continued From page 2<br><br>and General Care and Supervision. Additionally, 2 of 5 staff had no record that they had received training about Abuse / Neglect / Exploitation and Infection Control. None of the 5 staff members reviewed had received the annually required 12 hours of ongoing education.  | R179  |  |                    |   |
| R181<br>SS=D   | V. RESIDENT CARE AND HOME SERVICES<br><br>5.11 Staff Services<br><br>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the facility did not ensure that 1 of 5 applicable staff is not included on the Vermont Adult Abuse Registry.<br>Findings include:<br><br>1) Per record review on 2/8/2010 and confirmed | R181  | <p>MAR 23 2010</p> <p>All perspective employees' forms for abuse, neglect, and exploitation are sent to VT. Dept. of Licensing &amp; Protection.</p> <p>If a response is not received within three (3) business days, the director will do the necessary follow-up to attain the required information.</p> <p>2/9/10</p> <p>R181 3-25-2010</p> <p>POC accepted as written.</p> <p>C. Laraway, RN</p> |                    |   |

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6899 00D011  
Jean Farnsworth, Mgr. 3/22/10

If continuation sheet 3 of 4

Division of Licensing and Protection

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| R181   | Continued From page 3<br><br>during interview that afternoon by the facility Manager, the facility currently employs 1 staff person, hired 11/2009, for whom an Adult Abuse Registry check has not been completed.  | R181   |   |  |  |
| R302<br>SS=D   | IX. PHYSICAL PLANT<br><br>9.11 Disaster and Emergency Preparedness<br><br>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the facility did not conduct fire drills at all required times of the day. Findings include:<br><br>1) Per record review on 2/8/2010, fire drills were conducted during morning, afternoon and evening hours. There was no evidence of night time fire drills. During interview at 1:33 PM, the manager confirmed that no fire drills had been conducted between the hours of 8:35 PM and 8:45 AM. | R302   | MAR 23 2010<br><br>I will now be sure to conduct fire drills at all required times. Our drills will include at least two during nighttime hours. On Feb. 27, 2010, we held and documented a fire drill at 11:45 pm.<br><br>2/9/10<br><br>R302 3-25-2010<br>POC accepted as written.<br>C. Karaway, RN |  |  |

*Jeal Farnsworth, Mgr. 3/22/10*